## GENERIC PATIENT TRANSFER AGREEMENT #2

This Transfer Agreement (the "Agreement") is made as of this	day of	, 20,	by and betv	veen:
			, doing b	usiness as
				and
each individually referred to herein as "facility," or "Transferring		erring a patient, or	"Receiving	Facility" if
receiving a patient, pursuant to the terms and provisions of this	Agreement, and co	llectively as "facilities	s."	

## WITNESSETH:

WHEREAS, the parties hereto desire to enter into this Agreement governing the transfer of patients between the two facilities; and,

WHEREAS, the parties hereto desire to enter into this Agreement in order to specify the rights and duties of each of the parties and to specify the procedure for ensuring the timely transfer of patients between the facilities;

NOW, THEREFORE, to facilitate the continuity of care and the timely transfer of patients and records between the facilities, the parties hereto agree as follows:

- 1. <u>Transfer of Patients</u>. In the event any patient of either facility is deemed by that facility (the "Transferring Facility") as requiring the services of the other facility (the "Receiving Facility") and the transfer is deemed medically appropriate, a member of the nursing staff of the Transferring Facility or the patient's attending physician will contact the admitting office or Emergency Department of the Receiving Facility to arrange for appropriate treatment as contemplated herein. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, the standards of the Joint Commission and any other applicable accrediting bodies, and reasonable policies and procedures of the facilities. Neither the decision to transfer a patient nor the decision to not accept a request to transfer a patient shall be predicated upon arbitrary, capricious, or unreasonable discrimination or based upon the patient's inability to pay for services rendered by either facility. The Receiving Facility's responsibility for the patient's care shall begin when the patient is admitted to the Receiving Facility.
- 2. <u>Responsibilities of the Transferring Facility</u>. The Transferring Facility shall be responsible for performing or ensuring performance of the following:

- (A) Provide, within its capabilities, for the medical screening and stabilizing treatment of the patient prior to transfer:
- (B) Arrange for appropriate and safe transportation and care of the patient during transfer, in accordance with applicable federal and state laws and regulations;
- (C) Designate a person who has authority to represent the Transferring Facility and coordinate the transfer of the patient from the facility;
- (D) Notify the Receiving Facility's designated representative prior to transfer to receive confirmation as to availability of appropriate facilities, services, and staff necessary to provide care to the patient;
- (E) Prior to patient transfer, the transferring physician shall contact and secure a receiving physician at the Receiving Facility who shall attend to the medical needs of the patient and who will accept responsibility for the patient's medical treatment and hospital care;
- (F) Provide, within its capabilities, appropriate personnel, equipment, and services to assist the transferring physician with the coordination and transfer of the patient;
- (G) Provide, within its capabilities, personnel, equipment, and life support measures determined appropriate for the transfer of the patient by the transferring physician;
- (H) Forward to the receiving physician and the Receiving Facility a copy of those portions of the patient's medical record that are available and relevant to the transfer and continued care of the patient, including records related to the patient's condition, observations of signs or symptoms, preliminary diagnosis, treatment provided, results of any tests, and with respect to a patient with an emergency medical condition that has not been stabilized, a copy of the patient's informed consent to the transfer or physician certification that the medical benefits of the transfer outweigh the risk of transfer. If all necessary and relevant medical records are not available at the time the patient is transferred, then the records will be forwarded by the Transferring Facility as soon as possible;
- (I) Transfer the patient's personal effects, including, but not limited to, money and valuables, and information related to those items;

(J) Notify the Receiving Facility of the estimated time of arrival of the patient; (K) Provide for the completion of a certification statement, summarizing the risk and benefits of the transfer of a patient with an emergency condition that has not been stabilized, by the transferring physician or other qualified personnel if the physician is not physically present at the facility at the time of transfer; (L) Acknowledge any contractual obligations and comply with any statutory or regulatory obligations that might exist between a patient and a designated provider; (M) Recognize the right of a patient to request to transfer into the care of a physician and facility of the patient's choosing; (N) Recognize the right of a patient to refuse consent to treatment or transfer; (0) Complete, execute, and forward a memorandum of transfer form to the Receiving Facility for every patient who is transferred; (P) Establish a policy and/or protocols (i) for maintaining the confidentiality of the patient's medical records in accordance with applicable state and federal law, and (ii) for the inventory and safekeeping of any patient valuables sent with the patient to the Receiving Facility; and, (Q) Recognize and comply with the requirements of any state law and regulations or local ordinances that apply to the care and transfer of patients. 3. Responsibilities of the Receiving Facility. The Receiving Facility shall be responsible for performing or ensuring performance of the following: (A) Provide, as promptly as possible, confirmation to the Transferring Facility regarding the availability of bed(s), appropriate facilities, services, and staff necessary to treat the patient and confirmation that the Receiving Facility has agreed to accept transfer of the patient. The Receiving Facility shall respond to the Transferring Facility within

medical condition or in active labor;

minutes after receipt of the request to transfer a patient with an emergency

- (B) Provide, within its capabilities, appropriate personnel, equipment, and services to assist the receiving physician with the receipt and treatment of the patient transferred, maintain a call roster of physicians at the Receiving Facility and provide, on request, the names of on-call physicians to the Transferring Facility;
- (C) Reserve beds, facilities, and services as appropriate for patients being transferred from the Transferring Facility who have been accepted by the Receiving Facility and a receiving physician, if deemed necessary by a transferring physician unless such are needed by the Receiving Facility for an emergency;
- (D) Designate the person serving in the appropriate position who has authority to represent and coordinate the transfer and receipt of patients into the facility;
- (E) When appropriate and within its capabilities, assist with the transportation of the patient as determined appropriate by the transferring or receiving physician;
- (F) Provide the Transferring Facility with a copy of the patient's clinical or medical records, including any record generated in the emergency department;
- (G) Maintain the confidentiality of the patient's clinical or medical records in accordance with applicable state and federal law;
- (H) Establish a policy and/or protocols (i) for maintaining the confidentiality of the patient's clinical or medical records in accordance with applicable state and federal law, (ii) for the receipt of the patient into the facility, and (iii) for the acknowledgment and inventory of any patient valuables transported with the patient;
- Provide for the return transfer of patients to the Transferring Facility when requested by the patient or the Transferring Facility and ordered by the patient's attending/transferring physician, if the Transferring Facility has a statutory or regulatory obligation to provide health care assistance to the patient, and if transferred back to the Transferring Facility, provide the items and services specified in Section 2 of this Agreement;
- (J) Provide the Transferring Facility any information available about the patient's coverage or eligibility under a third party coverage plan, Medicare or Medicaid, or a healthcare assistance program established by a county, public hospital, or hospital district;
- (K) Upon request, provide current information concerning its eligibility standards and payment practices to the Transferring Facility and patient;

- (L) Acknowledge any contractual obligations and comply with any statutory or regulatory obligations that might exist between a patient and a designated provider;
- (M) Complete and execute the memorandum of transfer form as appropriate; and,
- (N) Recognize and comply with the requirements of any state law and regulations or local ordinances that apply to the care and transfer of patients.
- 4. <u>Billing.</u> All claims or charges incurred with respect to any services performed by either facility for patients received from the other facility pursuant to this Agreement shall be billed and collected by the facility providing such services directly from the patient, third party payer, Medicare or Medicaid, or other sources appropriately billed by that facility, unless applicable law and regulations require that one facility bill the other facility for such services. *In those cases in which the regulations apply, the facilities shall bill in accordance to the regulations that apply to skilled nursing facility prospective payment system ("SNF PPS") and consolidated billing. In those cases in which payment rates are consistent with SNF PPS regulations and have been negotiated, such payment shall be made at \_\_\_\_\_\_\_\_\_% of charges or in accordance with the payment fee schedule, labeled as Exhibit \_\_\_\_\_\_, attached hereto and incorporated herein by this reference. In addition, it is understood that professional fees will be billed by those physicians or other professional providers who actually participate in the care and treatment of the patient and who are entitled to bill for their professional services at usual and customary rates. Each facility agrees to provide information in its possession to the other facility and such physicians or professional providers sufficient to enable them to bill the patient, responsible party, or appropriate third party payer.*
- 5. <u>Transfer Back; Discharge; Policies.</u> At such time as the patient is ready for transfer back to the Transferring Facility or another health care facility or discharge from the Receiving Facility, in accordance with the direction from the Transferring Facility and with the proper notification of the patient's family or guardian, the patient will be transferred to the agreed upon location. If the patient is to be transferred back to the Transferring Facility, the Receiving Facility will be responsible for the care of the patient up until the time the patient is re-admitted to the Transferring Facility. Such transfers shall be conducted in accordance with HCA Healthcare Corporation Ethics and Compliance Policies and Procedures (*e.g.*, *Discharge Planning and Referrals of Patients to Post Discharge Providers Policy, LL.HH.016 and EMTALA Transfer Policy, EM.003*).
- 6. <u>Compliance with Law.</u> Both facilities shall comply with all applicable federal and state laws, rules and regulations, including, without limitation, those laws and regulations governing the maintenance of clinical or medical records and confidentiality of patient information as well as with all standards promulgated by any relevant accrediting agency.

7. <u>Indem</u>	nification; Insurance.	The facilities shall	each be responsib	le for their own ac	cts and omissions	in the
performance of their du	ties hereunder, and th	ne acts and omissio	ns of their own er	mployees and age	nts, and shall inc	demnify
and hold harmless the	other party from and	against any and all	claims, liabilities,	causes of action,	losses, costs, da	amages
and expenses (includin	g reasonable attorney'	s fees) incurred by	the other party as	s a result of such	acts and omissio	ns. In
addition, each party sh	all maintain, throughor	ut the term of this	Agreement, compr	ehensive general	and professional	liability
insurance and property	damage insurance co	verage in amounts	reasonably accept	table to the other	party, and shall	provide
evidence of such cover	age upon request.					

8.	Term; Terminat	<u>ion</u> . The term of t	his Agreement s	hall be a minimum	of one (1) yea	r, commencing	, on the
day of	, 20	_, and ending on th	e day of _		20, unless	sooner termina	ated as
provided herein.	Either party ma	ay terminate this A	greement withou	t cause upon thirty	(30) days adv	ance written r	otice to
the other party.	Either party ma	y terminate this Ag	reement upon br	each by the other	party of any ma	aterial provision	າ of this
Agreement, prov	rided such breac	h continues for five	(5) days after	receipt by the brea	aching party of	written notice	of such
breach from the	non-breaching p	arty. In addition, th	is Agreement ma	ay be terminated im	mediately upon	the occurrence	e of any
of the following	events:						

- (A) Either facility closes or discontinues operation to such an extent that patient care cannot be carried out adequately, or
- (B) Either facility loses its license, or Medicare certification.

This Agreement may be renewed for subsequent one (1) year terms upon the mutual written consent of the parties.

- 9. Arbitration. Any dispute or controversy arising under, out of or in connection with, or in relation to this Agreement, or any amendment hereof, or the breach hereof shall be determined and settled by arbitration in \_\_\_\_\_\_\_, in accordance with the rules of the American Health Lawyers Association Alternative Dispute Resolution Services and applying the laws of the state specified in section 11 below. Any award rendered by the arbitrator shall be final and binding upon each of the parties, and judgment thereof may be entered in any court having jurisdiction thereof. The costs shall be borne equally by both parties. During the pendency of any such arbitration and until final judgment thereon has been entered, this Agreement shall remain in full force and effect unless otherwise terminated provided hereunder.
- 10. <u>Entire Agreement; Modification</u>. This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all prior agreements, oral or written, and all other communications between the parties relating to such subject matter. This Agreement may not be amended or modified except by mutual written agreement.

11.	Governing Law.	This Agreement shall be construed in accordance with the laws of the State of	
	in which the facility affiliated with HCA is located.		

12. <u>Partial Invalidity</u>. If any provision of this Agreement is prohibited by law or court decree of any jurisdiction, said prohibition shall not invalidate or affect the remaining provisions of this Agreement.

13. <u>Notices</u>. All notices hereunder by either party to the other shall be in writing, delivered personally, by certified or registered mail, return receipt requested, or by overnight courier, and shall be deemed to have been duly given when delivered personally or when deposited in the United States mail, postage prepaid, addressed as follows:

If to:		
	Attention:	Chief Executive Officer
Copy to:		
16 4-		
If to:		

Attention: Chief Executive Officer

or to such other persons or places as either party may from time to time designate by written notice to the other.

14. <u>Waiver</u>. A waiver by either party of a breach or failure to perform hereunder shall not constitute a waiver of any subsequent breach or failure.

15. <u>Assignment; Binding Effect</u>. Each facility shall not assign or transfer, in whole or in part, this Agreement or any of its rights, duties or obligations under this Agreement without the prior written consent of the other Facility, and any assignment or transfer by either Facility without such consent shall be null and void. This Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective heirs, representatives, successors and permitted assigns.

- 16. Change in Law. Notwithstanding any other provision of this Agreement, if the governmental agencies (or their representatives) which administer Medicare, any other payer, or any other federal, state or local government or agency passes, issues or promulgates any law, rule, regulation, standard or interpretation, or if any court of competent jurisdiction renders any decision or issues any order, at any time while this Agreement is in effect, which prohibits, restricts, limits or in any way substantially changes the method or amount of reimbursement or payment for services rendered under this Agreement, or which otherwise significantly affects either party's rights or obligations hereunder, either party may give the other notice of intent to amend this Agreement to the satisfaction of both parties, to compensate for such prohibition, restriction, limitation or change. If this Agreement is not so amended in writing within thirty (30) days after said notice was given, this Agreement shall terminate as of midnight on the thirtieth (30th) day after said notice was given.
- Warranty of Non-Exclusion. Each party represents and warrants to the other that the party, its officers, directors and employees (i) are not currently excluded, debarred, or otherwise ineligible to participate in the federal health care programs as defined in 42 U.S.C. §1320a-7b(f) (the "federal healthcare programs"), (ii) have not been convicted of a criminal offense related to the provision of healthcare items or services but have not yet been excluded, debarred, or otherwise declared ineligible to participate in the federal healthcare programs, and (iii) are not, to the best of its knowledge, under investigation or otherwise aware of any circumstances which may result in the party or any such individual being excluded from participation in the federal healthcare programs. This shall be an ongoing representation and warranty during the term of this Agreement and each party shall immediately notify the other of any change in the status of the representations and warranty set forth in this section. Any breach of this section shall give the other party the right to terminate this Agreement immediately for cause.
- HIPAA Compliance Requirements. To the extent applicable to this Agreement, facility agrees to comply with the Health Information Technology for Economic and Clinical Health Act of 2009 (the "HITECH Act"), the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC § 1320d through d-8 ("HIPAA") and any current and future regulations promulgated under either the HITECH Act or HIPAA, including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), the federal security standards contained in 45 C.F.R. Parts 160, 162 and 164 (the "Federal Security Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162 (the "Federal Electronic Transactions Regulations"), all as may be amended from time to time, and all collectively referred to herein as "HIPAA Requirements." Facility agrees to enter into any further agreements as necessary to facilitate compliance with HIPAA Requirements.
- 19. Access To Records. Pursuant to the requirements of 42 CFR §420.300 et seq., each party agrees to make available to the Secretary of Health and Human Services ("HHS"), the Comptroller General of the Government Accounting Office ("GAO") or their authorized representatives, all contracts, books, documents and records relating to the nature and extent of costs hereunder for a period of four (4) years after the furnishing of Services hereunder for any and all Services

furnished under this Agreement. In addition, each party hereby agrees to require by contract that each subcontractor makes available to the HHS and GAO, or their authorized representative, all contracts, books, documents and records relating to the nature and extent of the costs thereunder for a period of four (4) years after the furnishing of Services thereunder.

20. <u>Execution of Agreement</u>. This Agreement shall not become effective or in force until all of the below named parties have fully executed this Agreement.

IN WITNESS WHEREOF, the parties hereto have	executed this Agreement as of the day and year first above written.
	By:
	lts:
	D.
	By: